

Strategies for Living

by Vicky Nicholls

Recognising and nurturing people's strengths – others' and our own – can be a significant challenge in a culture dominated by a disaster and fear-obsessed media, yet equally focused on success and achievement. Living and supporting what might be seen as a whole life is, in this context, counter-cultural, entailing as it does an awareness of the individual with all of his or her emotional, mental, physical and spiritual complexity embedded within family and community; settings which exert powerful historical and current influences on the person (see Gilbert, in the Recovery and Spirituality section).

In considering how best to nurture Well-being, choice and control in people experiencing mental health problems, there are further barriers to transcend for those working within mental health services, such as bureaucracy, targets and power inequalities which can interfere with the common humanity that is potentially experienced in any 1:1 interaction.

Values in healthcare

Moves towards working from a clear values base, on the other hand, such as that espoused by New Ways of Working, provide a supportive framework within which practice and relationships can be held and understood at a personal level. Developments such as the Centre for Philosophy and Ethics in Mental Health at the School of Ethnicity and Health, University of Central Lancashire, offer a stringent approach to debating and shaping the underlying basis on which mental health services are provided, which is to be welcomed.

The Janki Foundation for Global Health Care in London runs a Values in Healthcare training course which aims to give participants the opportunity of exploring in depth some values which are of particular importance in healthcare practice.

These are briefly described below.

Peace is introduced as our natural state, i.e. that within all of us there is an innate core of calm and tranquility. The programme uses simple yet powerful ways to rediscover this inner peace. By practicing peacefulness, participants can access their positive qualities which help to build self-respect and contentment. Peacefulness is the medicine for 'burnout'.

Positivity is about having the choice and power to change the way we think. Health care professionals can often think critically or even negatively out of habit, whereas positive thoughts make people feel good. The programme helps participants to recognise unhelpful patterns of thinking and change them to more positive ones by learning to observe their thoughts. Their resulting positivity and optimism bring benefits not only to themselves, but to colleagues and patients.

Compassion brings humanity to health care. It is the expression of our innate qualities of patience, generosity and kindness, yet there are often personal barriers to its expression - anger, anxiety, guilt and attachments. The programme helps participants to acknowledge and tackle these barriers and to view compassion as a value they can consciously express throughout their practice.

Co-operation is about working together successfully as individuals and teams. The programme helps participants to gain an understanding of the thoughts, attitudes, feelings and behaviour that enable successful co-operation. It enables them to build team spirit in non-competitive ways, so that tasks become enjoyable and creative.

Valuing the self requires that we

recognise our own worth, and in doing so, can better acknowledge the intrinsic worth of others. Participants explore the question of 'who am I?' in the context of how they look after themselves. This can help them to bring mutual respect and harmony into their relationships, to the benefit of themselves, their patients and colleagues.

Spirituality in health care is a vital concept in furthering the ideals of holistic health and spiritual care. The programme involves participants in clarifying concepts of healing, spirit and spirituality, in order to further develop their values-based practice.

Service user perspectives and values

Service user and survivor perspectives have been given greater attention in recent years and their systematic collection, analysis and recording through research initiatives offer a rich resource for anyone seeking to open up their awareness of what really matters to people experiencing distress or mental health difficulties.

Some user-led projects have set out a clear conceptual framework within which they have worked. Strategies for Living at the Mental Health Foundation, for example, worked from an understanding that knowledge is not neutral - there are hidden agendas contained within it – a viewpoint which stems from a backdrop of feminist, Black and other anti-oppressive standpoint research which has an aim beyond the discovery of knowledge to changing the world. This is sometimes known as emancipatory research, and recognises that all players in a scenario have a perspective, none of which is neutral. One of the intentions of standpoint research is that by making explicit the identities (and

potential bias) of researchers, the power imbalance with the people participating in the research is reduced (Nicholls, *MHF*, 1999).

Paulo Freire, the famous Brazilian educational psychologist, argued that oppressed people experience life as objects - they are acted upon, as opposed to acting for themselves. They therefore lack critical skills essential to influence the institutions that have control over their lives, and to teach people about the power relations in which they are caught up, covers essential prerequisites to any genuine moving on and liberation. In a mental health context this means recognising the power of psychiatry and hospitals amongst others, and working towards self- and collective fulfilment. As Martin-Baro put it:

"If our aim is to serve the liberation needs of the people, we need to ally ourselves with poor and oppressed groups in their struggle for justice and dignity."

This implies working with values which include transparency and equity and a belief in the sometimes hidden potential of every human being.

Strategies for Living

Several innovative user-led research projects have highlighted what people with experience of emotional or mental distress report as finding helpful in coping with distress or living with ongoing difficulties. These findings can be, but do not have to be, seen as part of a Recovery journey - a qualification that seems essential to make in the light of the current hegemony of Recovery that is not always owned by those it is supposed to be there to serve.

Below I look at some of the 'flowers' (see 'feeding the flowers' website, details can be found in bibliography) or strengths that have been identified by service users in such user-led research.

The Strategies for Living Project ran at the Mental Health Foundation for six years and was a truly innovative user-run research and research support project. It derived its name from work with people who were HIV positive and learning to 'live with' an experience which is accepted as being ongoing. In this Project, UK-wide qualitative research with over 70 people with experience of mental health problems identified a number of key themes and approaches that people described

as being helpful to them.

People who were interviewed talked about various aspects of their lives that had helped them to cope, given them strength, enabled them at times to stay alive or brought them enjoyment. Many of these themes have since been mirrored by other user-led research, notably the Rethink Self-management project, and resound in many other sources.

Strategies for Living themes

Acceptance

People interviewed in the Strategies for Living research reported that the stigma and discrimination experienced in relation to mental illness made the acceptance of others a vital element of their survival, and frequently a means of achieving self-acceptance. Many people found coming to terms with distress and diagnosis a long and difficult process. The value and support, the affirmation and acceptance of others, served for many as a valuable and vital route through that process, a lifeline to survival. The interviews suggest that many people experiencing mental distress seek out and create their own 'accepting communities' (see Mind, 'Creating Accepting Communities', 2001), whether among friends or family, or among other people with similar experiences or a shared identity. Where they cannot do so, or are prevented from doing so, isolation and social exclusion result:

"[Drop-in] is like a safe haven really, from out there... they are just accepted for the person that they are, underneath the illness. That really is the key to it all here"

Shared experience... shared identity

Acceptance was very often found in the company of others who shared similar experiences, or who shared a key aspect of an individual's identity. Some people had discovered the value of shared experience through self-help groups addressing a particular aspect of mental distress, such as sexual abuse or depression, whilst others had discovered it through voluntary sector projects, drop-ins or day centres, where they had met 'like-minded' people.

As much as the frequency with which this theme recurred, it was the strength and passion with which it was expressed that caused it to stand out. For some people, finding others who had experienced something similar to

themselves was in itself important, because they had previously felt alone with their experiences, and now were able to find reassurance and affirmation of their experiences in the company of others.

There were additional issues of racial, cultural or sexual identity for some of the interviewees, which it was important to share with the people from whom they sought help. This support was most frequently found through culturally specific voluntary sector projects, such as Asian or African-Caribbean day centres or projects. It is significant that many of the Asian and African-Caribbean people interviewed had experienced very little, if any, help outside of these projects; as one Asian woman put it:

"Only [this project] has helped me. No-one else has ever helped me"

Emotional support... 'Being there'

It was mainly named individuals who were identified as providing that most underestimated of functions: just 'being there'. This included mental health professionals who were available and accessible, people who listened and believed, and close members of the family or friends who had stayed with the person throughout a period or periods of distress. 'Being there' was more than just a physical presence, of course; it also meant a sense of safety or security for the person in distress, and a sense of being accepted 'warts and all':

"It's just that he's always, he's been there, and I know he's there for me, and it's just knowing he's there can help sometimes. I do know there is somebody at the end of that telephone"

A reason for living

A few interviewees identified individual people in their lives, usually family and often children, as an important source of motivation to carry on with the struggle, perhaps because they felt needed as a carer or felt that they needed to be strong for the other person. This often arose in relation to children, but also in relation to a friend or relative who relied on the person being interviewed for care or support. One or two people identified their children as a reason for living, because of the hope they provided for the future or because they could lift them out of depression.

There were a number of other

strategies and supports given as a reason for living. Religious and spiritual beliefs were often given as a fundamental belief system that provided meaning in people's lives and a reason to carry on through deep, and potentially suicidal, distress. One woman described her creative artistic activities as a vital lifeline, that had 'actually kept me alive' on more than one occasion.

Finding meaning... and purpose

A few people gave their religious faith as one of the most helpful factors in their lives. As one person expressed it, religion could represent a complex mix of support elements; it could be faith and spirituality, as well as the support of like-minded people. But one of the key underlying themes to having a religious faith was that it sustained people through giving meaning or purpose to their life.

People could also find meaning in their life through the care or support of others; often having been supported through their own illness or distress, they felt the need to provide help and support to others in return, to pass on their experience and knowledge, and this gave them a sense of purpose and value.

Other people found purpose in their life through employment or through other meaningful daytime activities, having something to get up for on a day-to-day basis being a sustaining element of a 'sense of purpose'.

Peace of mind... and relaxation

Several people spoke of the value of achieving peace of mind, whether simply through long experience or through other routes, such as religious or spiritual beliefs, or creative expression. These people had sought out an island of peace or quiet, or patience, within themselves that enabled them to live with their difficulties or to prevent further pressure or stress from affecting them. For example, one man described his search for peace as a strategy for reducing stress, and related it to his religious belief.

Relaxation was achieved through physical or creative activities, music or complementary therapies (such as massage and aromatherapy) or through finding peace at home alone. Relaxation emerged as a strong theme in the Knowing our own Minds survey, where a range of alternative and

complementary therapies were explored.

Taking control... having choices

People found different ways of taking control of their distress or taking control of their lives. For some people, it had been vital to develop a positive attitude through self-help strategies. Their personal strategy for self-help had a proactive connotation, involving the encouragement or development of a mental or emotional state within themselves, a positive frame of mind or self-assertion to overcome negative thoughts or feelings.

Some people had achieved greater control over their lives through taking a more proactive approach towards the treatments or therapies they used for their distress: for example, learning to self-medicate or using complementary therapies or alternative strategies within a self-help approach. Physical exercise had proved important to a number of people, through enabling them to take control over their physical and mental health and Well-being.

An important aspect of taking control is being able to make choices. Some people talked about the importance of having access to appropriate information (for example, finding out information about their medication or diagnoses, or about alternatives to medication), and some talked of the importance of money in providing them with access to more choices in the strategies or activities they could adopt:

"Because [money] allows me to access everything else, without the money I would be... alone... would have to find a job, I can even stay in the flat I'm living in. So, I would say the money is the most important thing".

Security... and safety

Security could be emotional, physical and/or financial. For some people, finding a secure home had played an essential role in the development of their survival. Financial security was given as the most helpful factor in a couple of people's lives, because it enabled them to feel secure about their home and standard of living (and because it gave them access to other things - see above). The people who valued their home or money as a foundation for their strategy for living with distress had either experienced homelessness or

financial difficulty, learning by experience how essential these basic factors are:

"Because you know they're there, you often don't actually need to make that phone call, because you think... 'I feel safe'".

Security could also be about feeling safe in the company of others, an emotional safety that enables trust to develop and distress to ease. Safety in this sense was most strongly highlighted by people who valued and sought the shared experience or shared identity of others; for example, lesbians and gay men, women who had been sexually abused, or people of African-Caribbean or Asian origin.

Pleasure

Finally, we turn to the element of pleasure in people's lives. The concept of living with mental distress is inevitably presented as difficult and serious, as earnest and bleak.

And of course, this is very often the case; as described above, the stigma and discrimination associated with mental illness brings with it an extra layer of distress that makes life more difficult than ever to deal with.

But the fact that people can and do find pleasure in many things, and sometimes in the distress itself, is not to be underestimated. A couple of the Strategies for Living interviewees had become proud of their distress and their survival. There were also many people who described the pleasure they found in a range of different activities and interests, from creative and physical activities, through to gardening, reading and betting on the horses:

"Well it's, maybe, first on the list that helps me, having a bet on the horses, just watch them on television and that. I don't need to have a bet to enjoy them, like, you know. Watch them on the television and that, I enjoy that a terrible lot".

Rethink research

What people had to say about their self-management fell under five broad headings:

- Maintaining morale and finding meaning
- Relationships with other people
- An ordinary life: coping
- An (extra)ordinary life: thriving
- Managing 'having schizophrenia'

The 'top ten' themes referred to by

participants were:

1. Occupation, including education, voluntary work, work within the user movement, art and creative occupations, and paid employment
2. Relationships with other people, including family and friends and other 'users'
3. Personal qualities, attitudes and beliefs involved in maintaining morale
4. Coping strategies for the experiences of schizophrenia
5. Managing medication, including managing relationships with prescribers.
6. Exploring and understanding the experience labelled schizophrenia, including getting information
7. Religion and spirituality
8. Counselling and psychotherapy
9. Complementary therapies
10. Healthy living, such as diet and exercise.

Clearly there is much overlap between the themes identified by service users in both the Strategies for Living and Rethink self-management projects. In the context of the Our Health, Our Care, Our Say, White Paper which emphasises choice and independence, a lot could be learned by listening to what people with experience of mental health problems have said, and continue to say, about what helps.

This includes crucially the centrality of relationships with other people, and this is likely to include trusting relationships with mental health and social care professionals, whose role in continuing to boost people's morale and self-confidence will continue long after the current raft of Recovery-oriented initiatives has been left behind.